PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			1					RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		[ASIC FEE	355.00	OR	Basic Fee	710.00	
то	TAL CHARGEA	BLE CLAIMS	minus 20=		• Q			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	/ mi	nus 3 =	. 0			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						ólumn 2	L	TOTAL		OR	TOTAL	7(0.	
CLAIMS AS AMENDED - PART II 7-31-01 (Column 1) (Column 2) (Column 3)								SMALL	NTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	٠	HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Idal	. 8	Minus	20)	=		X\$ 9=		OR	X\$18=		
AMEI	Independent	· 18	Minus .	3		= /b		X40=		OR	X80=	320	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							! 	+135=		OR	+270=		
Response						. Ļ	TOTAL DDIT. FEE			TOTAL ADDIT, FEE			
2-4-02 (Column 1) (Column 2) (Column 3).										•		. 3	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PŘEVI PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	• 7.	Minus	**	90 ·	= /		X\$ 9=	•	OR	X\$18=		
AMENDMENT	Independent	• 9	Minus	•••	7	-/_	1 [X40=	·	OR	X80=		
Ľ	FIRST PHESE	NTATION OF M	ULTIPLE DE	ENDEN	CLAIM		י [+135=		OR	+270=		
R	econsiden	etimi					A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
10	· 28·03	(Column 1)	,	(Colu	mn 2)	(Column 3)	1						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	IBERI OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE:	ADDI- TIONAL FEE	
Ž	Total	. 607	Minus	••	0	=	<u> </u>	X\$ 9=		OR	X\$18=	ï	
AME	Independent	- (7)	Minus	OFNIDEN	7		┨┞	X40=	·	OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	ENUEN	LOLAIM		1	+135=		OR	+270=		
"If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, nter "20." ADDIT. FEE ADDIT. FEE													
•••	If the "Highest Nu	mber Pr viously P nber Previously Pa	aid For IN TH	IS SPACE	is less tha	ın 3. enter "3."		_	propriet bo	x in co			

BEST AVAILABLE

ipplication or Docket Number

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN OR SMALL ENTITY			
TO	TOTAL CLAIMS			١ ١					RATE	FEE	1	RATE	FEE	
FOR				≰ NUMBER	FILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CL	AIMS	minus 20= *					XS 9=		OR	X\$18=		
INC	DEPENDENT C	LAIMS		\ minus 3 =			,	,	X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT C	LAIM P	PRESENT					+145=		OR	+290=		
* If	the difference	in colun	าก 1 is	less than zero, enter "0" in column 2				į	TOTAL		OR	TOTAL	:	
	С	LAIMS	AS A	MENDED - PART II					:]	OTHER THAN		
2	-24-03	(Colur	ກກ 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
ENT A	В	REMAI AFT AMEND	NING ER		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* .	1	Minus ** 40		30	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	7	Minus	***	7	= /		X43=	ar u	OR	X86=		
L	FIRST PRESE	NIATION	OF MU	JUITPLE DE	PENDENI	CLAIM			+145=		OR	+290=		
								L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
9-5-03 (Column 1) (Column 2) (Column 3)												gazes in the e		
AMENDMENT 8	C	REMAI AFT	CLAIMS HIGHEST REMAINING NUMBER AFTER PREVIOUSLY MENDMENT PAID FOR			BER USLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	* .		Minus	₩ ∂	0	=		X\$ 9=		OR	X\$18=		
AME	Independent	* 7	05.11	Minus	***	<u> </u>	= /		X43=	·	OR	X86=	•	
	FIRST PRESE	NIATION	OF MC	THE DEF	PENDENT	CLAIM	<u> </u>		+145=		OR	+290=		
			• •					. -	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	1-12-04	(Colun			(Colum		(Column 3)							
AMENDMENT ®)	CLAII REMAII AFTE AMENDI	NING ER		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	* Le		Minus	*	0	= /	-	X\$.9≘ .	·	OR	X\$18=	7.2. :	
AME	Independent	* Le		Minus		7	= / #		X43=		OR	X86=	·	
	FIRST PRESE	NTATION	OF MU	LTIPLE DEF	PENDENT	CLAIM		┞	. 175 -			+290=	-	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								Ĺ	+145= TOTAL	-	OR	TOTAL		
***	I the "Highest Nur If the "Highest Num The "Highest Num	mber Previ	ously Pa	id For IN Thi	S SPACE is	less tha	n 3, enter "3."	^	DDIT. FEE	oronriate box		ADDIT. FEE		

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		CLAIMS A	S FILED - (Column			Jmn 2)		SMALL E	NTITY	OR	OTHER			
T	OTAL CLAIMS		ı					RATE	FEE	7	RATE	FEE		
FC	DR		NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	 	OR	BASIC FEE	770.00		
TC	TAL CHARGEA	ABLE CLAIMS) mii	nus 20=	*			XS 9=		OR	: X\$18= .			
INI	DEPENDENT CL	_AIMS	l m	inus 3 =	*			X43=			Vac			
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT							OR				
* 11	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2		+145=		OR	+290=	- 17 <u>-</u> 1 .		
••		LAIMS AS A						TOTAL	<u> </u>	OR 	TOTAL	TUÂN		
5	·20 - 04	(Column 1)	MICHUEL	Colun)		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL E			
AMENDMENT .		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RATE	RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE		
NON	Total	· 2	Minus	" 20		= /		X\$ 9=		OR	X\$18=			
AME	Independent	* 2	Minus	***	7	=		X43=		OR	X86=	1 1 1 1		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=	1		
	<u>.</u> -						l	TOTAL	-	\'	TOTAL ADDIT. FEE			
	·	(Column 1)		(Colum	nn 2)	(Column 3)	_	ADDIT. FEE		, ,	ADDII. FEEL	1 1		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1.23		
AME	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=			
L	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	ENDENI	CLAIM	<u></u>	1	+145=		OR	+290=			
-								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
•		(Column 1)	<u> </u>	(Colum		(Column 3)			•					
ENT C		CLAIMS		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT : EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	* -	Miñus	***		-		X43=		OR	X86=	•		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		J	+145=		OR	+290=	·		
***		nn 1 is less than th	•				I_							